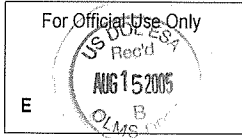


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6636</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Timothy</u> <u>J</u> <u>Buban</u> P.O. Box, Bldg., Room No., if any Street <u>4220 S. Katherine Dr.</u> City <u>New Berlin</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53151-5632</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 200</u> Labor Organization File Number <u>013-815</u> P.O. Box, Building and Room Number, if any Street <u>6200 W. Bluemound Rd</u> City <u>Milwaukee</u> State <u>Wisconsin</u> ZIP Code + 4 <u>53213-4145</u>
5. Position in labor organization. <u>Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Tim Buban

On

8/12/2005

Date

414-479-3643

Telephone Number

Name of Person Filing Timothy Buban	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wisconsin Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6200 W. Bluemound Rd.

City Milwaukee

State Wisconsin ZIP Code + 4 53213

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Wisconsin Health Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6200 W. Bluemound Rd.

City Milwaukee

State Wisconsin ZIP Code + 4 53213

11.a. Nature of such dealing.

I attended a training seminar for Health Fund Trustees. Wisconsin Health Fund paid for travel and expenses for this seminar.

11.b. Approximate dollar value of such dealing. \$1,082

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Tim Burban

Signature

8/11/05

Date